

# **Exhibit D**

13 DEPOSITION UNDER ORAL EXAMINATION OF  
14 PATTI NEMETH, M.D.

15 9:00 a.m.

## 16 Rio Rancho, New Mexico

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Golkow Technologies, Inc.

1 MR. KLATT: Objection, form speculation.

2 You may answer.

3 A. I don't know because I don't know what  
4 information I would have been given. I would say  
5 that had it been -- if it had changed its class,  
6 so it was recommended that it shouldn't be taken,  
7 I wouldn't have stopped her pregnancy so I would  
8 probably have continued with it.

9 She did have -- you know, she got  
10 pregnant again. So I don't know what I would have  
11 done if that was the only drug that worked for  
12 her.

13 BY MR. BROSS:

14 Q. If you'd known, for example, there was a  
15 four-fold increase in the chance of serious birth  
16 defects as compared to the use of other  
17 antiepileptics, would you have shared that with  
18 Ms. Sansone?

19 MR. OTT: Objection, form, lack of  
20 foundation.

21 A. I don't know, but the discussions that we  
22 had were based on the knowledge that some  
23 antiseizure medicines had a better safety profile.  
24 But she didn't -- if she didn't tolerate them,  
25 they didn't keep her seizures under control and

1       she couldn't take them, I would still -- I would  
2       talk to her about it. And that's what we did.

3           BY MR. BROSS:

4           Q.     And I guess my question's a little  
5       different.

6           A.     Okay.

7           Q.     If -- you knew about the risks that you  
8       knew at that time, but if you'd known the risks  
9       were four-fold greater, would you have shared that  
10      with Ms. Sansone?

11           MR. KLATT: Objection, form, foundation.

12           MR. OTT: He's asking if you had other  
13      information, did you talk to your patient about  
14      it.

15           A.     Yes, I talked to the patient about new  
16      information if it applies to them.

17           Q.     An important part of the process then is  
18      to discuss the various therapies and the benefits  
19      of the therapies and the risks of the therapies  
20      and to allow the patient to -- to have a say in  
21      the informed consent process, if you will?

22           A.     That's right.

23           MR. KLATT: Objection, form.

24           Q.     And is it fair to say that after you  
25      discuss things with your patients, ultimately it's

1       their decision to decide what to do?

2           A.     Yes.

3           Q.     So if they -- if they don't want to take  
4       something, you respect that decision?

5           A.     Yes.

6           Q.     I mentioned sales reps briefly. Do you  
7       know if they visited you about Depakote?

8           MR. OTT: That would be an Abbott rep.

9           MR. BROSS: It would have been an Abbott  
10      rep, sorry.

11          A.     I don't recall.

12          BY MR. BROSS:

13          Q.     Do you recall if they ever left you any  
14      studies or documents?

15          A.     Well, I just don't recall in a general  
16      way. I know that the Depakote reps came because  
17      we would get samples in our closet, but I don't --  
18      I just don't remember any particular conversation  
19      or --

20          Q.     Do you know if they ever left any patient  
21      leaflets or any handout materials when they left  
22      you those samples in the closet?

23          A.     I couldn't say for sure for that  
24      particular drug, but we did get them. They would  
25      give us promotional pages about their drugs. I